

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/549015</i>	FILING DATE <i>9/22/05</i>
CLAIMS							
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		1		1			
3		1		1			
4		1		1			
5		4		1			
6		6		1			
7		6		1			
8		8		1			
9		6		1			
10		1		1			
11		6		1			
12		6		1			
13		6		1			
14		6		1			
15		6		1			
16		6		1			
17		6		1			
18		6		1			
19		6		1			
20		6		1			
21		6		1			
22		6		1			
23		6		1			
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	1	↓	1	↓	↓		
TOTAL DEP.	25	←	22	←	←		
TOTAL CLAIMS	26		23				

  

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.			↓				
TOTAL DEP.		←		←	←		
TOTAL CLAIMS							